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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Lemmon Leader		2. DATE 9-30-09
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 0.75
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 213 Main Ave Po Box 180 Lemmon SD 57638-0180		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 213 Main Ave Po Box 180 Lemmon SD 57638-0180		
6. FULL NAME OF PUBLISHER: Norma Peterson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	762	724
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	279	252
2. Mail Subscription (Paid and or requested)	371	371
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	650	623
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	11	12
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	6	6
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	667	641
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	95	83
2. Return from News Agents	N/A	N/A
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	762	721

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Mark A Trent
(Signature)

Manager
(Title)

State of South Dakota)
§
County of Perkins)

Sworn to before me this 5th day of October, 2009

Marie K. Mauer
Notary Public

(Seal)

My commission expires: 5-16-2011

Fonn: SOS REC 051 7/2004